

DOOR COUNTY APPLICATION FOR EMPLOYMENT

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

Deadline: Friday, April 16, 2010 - 4:30 p.m.

Date Available

MAIL APPLICATION MATERIALS TO:

Door County Human Resources Dept

421 Nebraska Street Sturgeon Bay, WI 54235

Phone: (920) 746-2305 Fax: (920) 746-2538

e-mail: hr@co.door.wi.us

Door County reserves the right to test all applicants for jobrelated skills. For certain positions, a pre-employment physical examination and drug testing may be required. Thank you for your interest in employment with Door County. Please read the following instructions carefully:

- This application is to be filled out by the applicant only. If you are physically unable to complete this form, or need other assistance in the hiring process, reasonable accommodations may be requested.
- Incomplete or illegible applications will not be considered. Résumés will be accepted as a supplement to the application form, but will not substitute for it.
- If more space is needed, please indicate this on the application form and attach the additional paper to the application.

rosmon Applied For:		Department.		Date Available.				
Medical Examiner Investigator		County Administrator						
Eligibility List	- 1	· · · · · · · · · · · · · · · · · · ·						
Last Name:			First Name:		Middle Name:			
Street Address:		City:			State:	State: ZIP:		
•								
Home Phone: W	ork Phon	hone: May we contact you at work			(? What Hours?			
		Yes No						
E-Mail Address:		Type of Employment Acceptable: (check all				that apply)		
		Full-Tim		Seasonal	Casual	Intern	LTE	;
Are you at least 18 years of age? (Emplo minimum age requirements. Employees u				t you meet stat	e and federa	I	Yes	No
Are you a United States citizen, or do yo (Verification will be required at the time			the U.S. governmen	nt permitting y	ou to work?		Yes	No
Are you able to perform all of the duties accommodation?	s listed in	the positio	n description, with	or without rea	sonable		Yes	No
Have you ever been convicted of a felo form. A "yes" answer does not necessar				lain at the end	of this applic	cation	Yes	No
	Wo	ny Urc	TORY - PAR	T A				
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A "yes" answer to any of the following questic to a			ily disqualify an ap uestions, please pro					
1. Have you ever been suspended, termina	ted, disch	arged or re	signed to avoid bei	ing discharged	?		Yes	No
2. Have you ever been disciplined for atte	ndance pre	oblems in	our current or prev	vious employm	ent?		Yes	No
3 Are there any gaps in employment in ex	cess of th	irty (30) d	ays?				Yes	Ņо
4. Have you ever been employed by Door	County?						Yes	No

Personal Information

	EDUC	ATION &	TRAINING				
		High Scl	nool:			•	
Highest Level Completed:			Location of High School:			Gradua	ted?
9 10 11 12 [GED/HSED]					Yes		No
Educ	ation & T		yond High School:		í		
Name & Location of Institution:	From	Dates To:	Major Field of Study:	(GPA	Degr Confe Year	rred &
·	`						
400							•
levant coursework:							
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iditional skins and/or training:							
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ofessional licensures/certifications & Exp ase refer to the position description for the p Do you have access to an automobile?	position for the cicense?	RIVER'S L which you are a	oplying. <u>If business travel and</u>	Vor driver's	licensin, cc	Yes	nis sect No
ofessional licensures/certifications & Exp ase refer to the position description for the p Do you have access to an automobile? Do you have a valid Wisconsin driver's li If the position requires, do you have a val. If yes, please list endorsements: Do you have, or can you make arrangeme liability insurance requirements on your p	position for a license?	RIVER'S L which you are ap L# Commercial D insurance cove cle? (\$100,000)	river's license (CDL)? rage meeting the County's miser person; \$300,000 per accidents	nimum	licensing	Yes Yes	No No No
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Do you have access to an automobile? Do you have a valid Wisconsin driver's li If the position requires, do you have a valif yes, please list endorsements: Do you have, or can you make arrangeme liability insurance requirements on your p injury; \$50,000 per accident property dan List any moving violations within the presence provide us with four (4) references that we reground. Please do not submit names of relatives.	position for a proposition for	L# Commercial D insurance cove cle? (\$100,000 p 0,000 combined) years: SSIONAL to describe you s, or significant	river's license (CDL)? rage meeting the County's miser person; \$300,000 per accide single limit) REFERENCES r work abilities, qualifications others.	nimum dent bodily s, skills, and	/or educ:	Yes Yes Yes Yes Yes Arional	No No No
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WORK HISTORY - PART B

Please complete this section in its entirety. Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. Please include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. You may attach your resume as a supplement to the information you provide in the application. Please note that it is the policy of Door County to contact an applicant's current employer only after that applicant has been deemed a finalist for a position.

Employer Nam	e:	Position Title:		Type of Business:		
Address and phone of Business (Street, City, ZIP, telephone & fax	<i>#</i>):	Reason for Lea	ving:	Name, Title & Phone of Supervis		
Employment Dates: From: To:	Start Salary:	Ending Salary:	Hours per V	Week: May we contact, prior to an of employment? Yes No		
Description of Duties:						
Employer Name:	-	Position Titl	e:		Type of Business:	
Address and phone of Business (Street, City, ZIP, telephone & far	x#)	Reason for Lea	ving:	: Name, Title & Phone of Supervis		
Employment Dates:	Start Salary:	Ending Salary: Hours per		Week: Is this employer still in business?		
From: To:	Suit Suit, y					
Description of Duties:						
		Position Titl	ρ.	1	Type of Business:	
Employer Name		1 osition 11th				
Address and phone of Business (Street, City, ZIP, telephone & fa	x#)	Reason for Lea	ving:	Nai	me, Title & Phone of Supervisor:	
		N.				
Employment Dates: From: To:	Start Salary:	Ending Salary:	Hours per	Week:	Is this employer still in business? Yes No	
Description of Duties:					*	
	.*					

(For additional employers, please use a separate piece of paper or make a copy of this page)

EXPLANATION(S) /	SUMMARY IN	IFORMATION	
	-		
REFERRAL SOURCE (PLEASE I	PROVIDE DET	AIL WHEN POSSIBLE)	
Newspaper:	Employee:		
Employment Agency:	Web Site:		
	Professional 3	Journal:	
Bulletin Board:	Job Service:		
Walk-in:	JOD SELVICE.		_
Other:			
In order for your application to b	oe considere	d, you must complete the	
Employment Application	Affidavit / In	formation Release.	
DOOR COUNTY PERSO	NNEL DEPAR		
		Date Received:	
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EMPLOYMENT APPLICATION AFFIDAVIT / INFORMATION RELEASE

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, false information, or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as a regular employee depends upon successfully performing work assigned to me during a probationary period, where applicable. I also understand that regular attendance is required of me as a condition of continued employment.

I understand and agree that all information furnished in this application may be verified by Door County. I also understand that any offer of employment is conditional subject to a satisfactory check of references and satisfactory results of a background check, drug screen when required, and any other required examinations.

I understand that Door County may conduct a check on my background to verify the information I have furnished in my application for employment, which may include, but not be limited to, information from previous employers, references, school records, driving records, and any criminal records.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish Door County with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

Name (Printed or Typed):	Signature:	Date:
	•	,

OPEN RECORDS DISCLOSURE (OPTIONAL)

This section is optional: Under section 19.36 (7) of the Wisconsin Statutes, the names of "final candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "final candidate" they can do so by making a request in writing.

Accordingly, I hereby request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes.

		Date:
Name (Printed or Typed):	Signature:	Date.

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH DOOR COUNTY.

DOOR COUNTY BACKGROUND CHECK & EQUAL EMPLOYMENT OPPORTUNITY INFORMATION DISCLOSURE FORM

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

The following information is needed for the following purposes:

- To complete various government reports and implement equal employment opportunity and affirmative actions programs.
- To monitor and prevent discrimination on the basis of race, color, religion, sex, national origin, sexual
 preference, age, marital status, pregnancy, disability, or any other legally protected status.
- To facilitate and conduct the necessary background checks for pre-employment screening. These may include, but are not limited to the following: caregiver background checks; criminal records checks; driver's licensing checks; credential and educational verifications; and other necessary background investigations.

The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, and physical or mental ability may be considered when relevant to the position for which you are applying. This document will not be kept with the employment application, and will not be shared with those individuals involved in the interview process. It shall be maintained as a confidential record of the Personnel Department.

Please Supply The Following Information							
Last Name:	First	First Name:		Middle Name			
Position Applied For:	Date of Birth:		Are you 4 Yes	Are you 40 years of age or older? Yes No			
Maiden Name (If Applicable):	Social Secur	rity Number:		Sex:			
			Male / Fen				
-	Race: (Please C	heck One)					
American Indian/Native American (including Alaskan Natives)		African Ame	erican or African	ican or African origin			
Asian		Hispanic/Lat	atino				
White not of Hispanic origin		Native Hawaiian or Pacific Islander					
Other							
	Disability	/:	•				
The Americans with Disabilities Act (ADA) defining imment that substantially limits one or more manual tasks, walking, caring for oneself, learning	major life activities [such as hearing, see	eing, speaking, bro	eathing, performing			

The completion of the "Door County Background Check & Equal Employment Opportunity Information Disclosure Form" is voluntary, and there will be no adverse consequences for not completing this form.

regarded as having such an impairment." Based on this definition, are you an individual with a disability?

No